

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS							*	*	*			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.		51					
1		/	/				51					
2		/	/				52					
3		2	/				53					
4		1	/				54					
5		0	/				55					
6		0	/				56					
7		2	/				57					
8		2	/				58					
9		0	/				59					
10		0	/				60					
11		/	/				61					
12		/	/				62					
13		/	/				63					
14		0	/				64					
15		0	/				65					
16		0	/				66					
17		0	/				67					
18		/	/				68					
19		/	/				69					
20		/	/				70					
21		/	/				71					
22		0	/				72					
23		0	/				73					
24		0	/				74					
25		0	/				75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			5				TOTAL IND.					
TOTAL DEP.		20					TOTAL DEP.					
TOTAL CLAIMS		25					TOTAL CLAIMS					